

# INVOICE FORM

Westchester Town Center BID

Westchester Business Improvement Assn. 2011-2012

INDIVIDUAL/ORGANIZATION NAME	FISCAL YEAR	AFE OR CONTRACT NUMBER	
8929 S. Sepulveda, #130	Los Angeles	CA	90045
ADDRESS	CITY	STATE	ZIP CODE
Don Duckworth	310-417-9030	310-417-9031	duckworth.donald@gmail.com
CONTACT	TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
26-0569506		0002266685-0001-1	
SOCIAL SECURITY NUMBER/FEDERAL I.D. NUMBER		BUSINESS TAX REGISTRATION NO.	

Department of Cultural Affairs 201 North Figueroa Street, Suite 1400 Los Angeles CA 90012	<input type="checkbox"/> AFE <input type="checkbox"/> Personal Svcs. Contract <input type="checkbox"/> Sub P.O./Purchase Order
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Please describe below, the service provided for which payment is being requested; include the date, time and place of the event:

Design and production of window art in commercial center by local school students coordinated by Otis College of Art & Design students/class. 9100 S. Sepulveda and adjacent neighborhood.

**PLEASE PAY THE AMOUNT OF: \$ 2,500.00**

I certify under penalty of perjury that the service(s) for which payment is hereby requested has/have been performed by me, or the above organization that I represent, in full compliance with the requirements and/or provisions of the contract/AFE.

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DATE

SIGNATURE

TITLE

**FOR DCA USE ONLY:**

*This section is to be completed by an authorized employee of the Center/Facility/Division overseeing the Contract/AFE.*

SERVICES & DOCUMENTS REQUIRED BY CONTRACT OR AFE # \_\_\_\_\_ WERE RECEIVED BY

ME ON \_\_\_\_\_ AND I HEREBY APPROVE THIS INVOICE FOR PAYMENT

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AUTHORIZED SIGNATURE

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DATE

**FOR DCA ACCOUNTING USE ONLY:**

( ) Receipt Verification

I certify that the materials, supplies, or services covered by this bill were received and/or verified by me on \_\_\_\_\_ and compliance with the contract terms.

( ) Living Wage Ordinance on file, if applicable

( ) Insurance Verification

I certify that evidence of approved insurance is on file in the City Attorney's Office, if applicable

( ) Declaration of Compliance of the Equal Benefits Ordinance is on file

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SIGNATURE

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DATE